



# Prescription Eyewear - Order Form

3M

2925 Gary Dr. Plymouth, IN 46563

Tel: 800.982.2828 Fax: 800.945.2828



Brand of SRx Eyewear

Order Date  
(mm/dd/yy)

Order Form#

PO#  
(Required)

REQ#

EMP LAST NAME  
(Required)

EMP FIRST NAME  
(Required)

EMPLOYEE#  
(Required)

EMPLOYEE DEPT  
(Required)

EMPLOYEE PHONE

Credit Card# OR Secure ID from: [https://aosafety.srx.com/secure\\_id](https://aosafety.srx.com/secure_id)

CC Type VI,MC,AX,DI XXXX - XXXX - XXXX - XXXX Exp (mm/yy) Amount

\*Employee

Customer

\* Signature required for Emp Credit Card charges (lower right section of form)

☐ Lenses Only ☐ Patient's Own Frame ☐ Frame Only

Lens Style

☐ Single Vision  
☐ BiFocal ☐ 28 ☐ 35  
☐ TriFocal ☐ 28 ☐ 35  
☐ Occupational 14 mm sep  
☐ 28 ☐ 35

**Progressives**  
☐ Base PAL Clear CR39/Poly ☐ SolaOne  
☐ SolaMax ☐ Outlook  
☐ AO Compact ☐ VIP  
☐ Other \_\_\_\_\_ ☐ AO Easy

Duty to warn: Polycarbonate is the most impact resistant material available & is highly recommended

Lens Material

☐ Polycarbonate ☐ Plastic CR-39 ☐ Glass ☐ Other \_\_\_\_\_

**Tints & Coatings** No charge for Scratch Resistant Coating  
☐ Clear ☐ Polarized ☐ UV  
☐ Tint \_\_\_\_\_ ☐ Anti-Reflective  
☐ Photochromic ☐ AR W/SuperCote ☐ Other (Describe Below)  
☐ Transitions ☐ SuperCote \_\_\_\_\_

Prescription

	Sphere	Cylinder	Axis	Prism	Base
Right OD					
Left OS					

	Add Power	Seg Hgt	Dist PD	Near PD
Right OD				
Left OS				

Frame

Style Name, Model	Eye	Bridge	Color	Temple

**Side Shields** ☐ Permanent ☐ Detachable ☐ Gray ☐ T-LOC  
\* Select Styles Only ☐ \* Integrated ☐ \* Perforated ☐ \* Breeze Catcher

**Special Instructions** ☐ Rush Job COPAYS DUE TO 3M AT TIME OF ORDER

Who-Pays: (C)ompany, (E)mptyee, NA(not allowed). REQ:Required.  
\* See special instructions.

Frame Groups	Who Pays	R EQ	CoPay Amt
Base Group	C		.00
Group A	C		.00
Group B	C		.00
Group C	C		.00
Group D	C		.00
Group D PLUS	C		.00
Group E	E		5.00
Group F	E		12.00
Group G	E		33.00
Group G PLUS	E		53.00
Wrap Srx	NA		

Lens Styles	Who Pays	R EQ	CoPay Amt
Single Vision	C		.00
BiFocal	C		.00
TriFocal	C		.00
Computer Lens	NA		
Base PAL (min fitting ht 18mm)	C		.00
I Hoya Amplitude	C		.00
Outlook, SolaMax			
II AO Compact, VIP, Image, Adaptar, EOS	C		.00
III Easy, Illumina, Natural	E		31.00
IV SolaOne	E		75.00
V Zeiss GT2	E		125.00

Please call 800.982.2828 for progressives not listed

Lens Materials	Who Pays	R EQ	CoPay Amt
Polycarbonate	C		.00
Poly XTreme SV	NA		
Glass	C		.00
Plastic CR-39	C		.00
High-Mid Index	C		.00
Trivex	E		40.00

Lens Options	Who Pays	R EQ	CoPay Amt
Photochromic	E		25.00
Colored Glass	E		40.00
Transitions, LifeRx	E		40.00
Intimidator (Polarized Mirror)	NA		
Polarized / Coppertone	NA		
DriveWear	NA		

Tints & Coatings	Who Pays	R EQ	CoPay Amt
Tint 1 Plastic/Poly	C		.00
Tint 2 Plastic/Poly	C		.00
Tint 3 Plastic	NA		
UV	C		.00
A/R Coating	C		.00
SuperCote	C		.00
AR W/SuperCote	C		.00
DX Rx Anti-Fog	NA		

Other Options	Who Pays	R EQ	CoPay Amt
Specialty Lenses	C		.00
Occupational	C		.00
Full Line MultiFocals	C		.00
Polish Edges	C		.00

Specialty lenses include Slab-Offs, Myodiscs, Cataracts plus special Glass treatments such as Noviol and Didymium.

SideShields	Extra Pairs	Who Pays	R EQ	CoPay Amt
Permanent				
Detachable				

Dispensing	Who Pays	R EQ	CoPay Amt
Dispensing Fee	C		
If Dispensing Fee is employee paid, collect at time of order			
Employee co-payments by credit card are due at time of order and may be faxed to: 800.945.2828.			

**\* Credit Card Authorization**  
Signature \_\_\_\_\_  
**Supervisor / Contact**  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Signature \_\_\_\_\_  
**Doctor / Optician**  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Signature \_\_\_\_\_